



ALABAMA DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Alabama.

Alabama At-a-Glance:

- The number of meth lab seizure incidents in the state of Alabama increased 199%, from 204 incidents in 2007 to 610 incidents in 2009.
Source: El Paso Intelligence Center's National Seizure System (EPIC-NSS).
- Approximately 7 percent of Alabama residents reported past-month use of illicit drugs; the national average was 8 percent.
- Marijuana is the most commonly cited drug among primary drug treatment admissions in Alabama.

Drug Use Trends in Alabama

Drug Use in Alabama: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. In the most recent Survey, 6.73 percent of Alabama residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 3.81 percent of Alabama residents reported using an illicit drug other than marijuana in the past month. The national average was 3.58 percent.

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007–2008 National Survey on Drug Use and Health: <http://oas.samhsa.gov/2k8/state/Cover.pdf>

Drug-Induced Deaths: As a direct consequence of drug use, 554 persons died in Alabama in 2007. This can be compared to the number of persons that died from motor vehicle accidents (1,212) and firearms (812) in the same year. Alabama drug-induced deaths (12 per 100,000 population) were similar to the national rate (12.7 per 100,000).

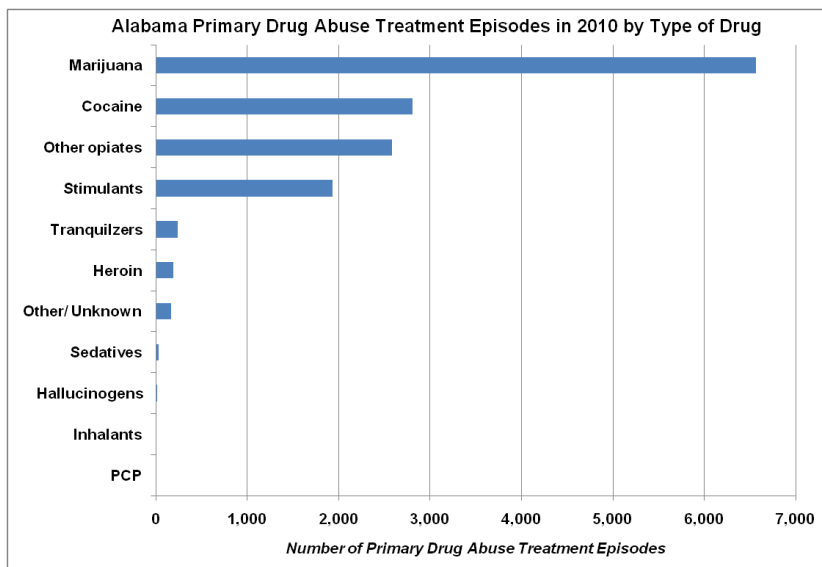
Source: Centers for Disease Control - National Vital Statistics Reports Volume 58, Number 19 for 2007: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Substance Abuse Treatment Admissions Data

Alabama Primary Treatment

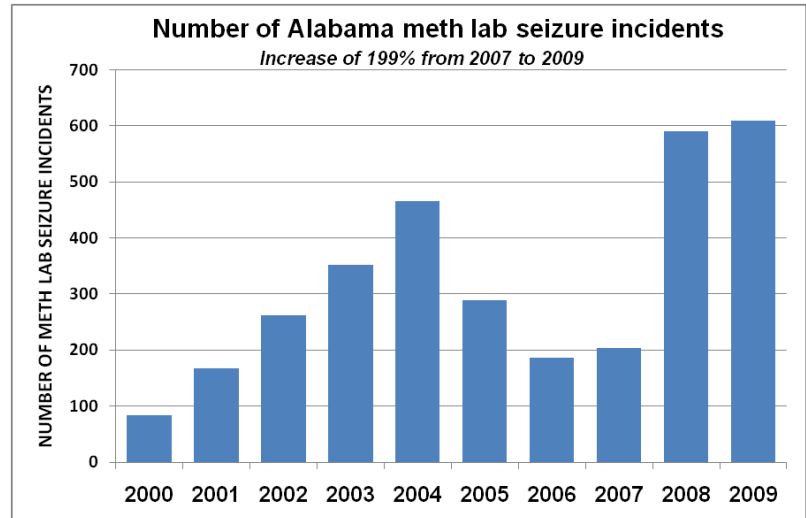
Admissions: The graph at right depicts substance abuse treatment admissions in Alabama in 2010. The data show marijuana is the most commonly cited drug among primary drug treatment admissions in Alabama, followed by cocaine and other opiates, including prescription drugs.

Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration:
<http://oas.samhsa.gov/dasis.htm>



Methamphetamine Lab Seizure Data

Methamphetamine Seizures: Nationwide, methamphetamine lab seizures declined drastically following the 2005 Federal Combating Methamphetamine Epidemic Act (CMEA) and similar state laws to control the sale of pseudoephedrine (PSE). Recently, the number of meth labs seized has risen due to “smurfing,” which is the bulk purchase of PSE for non-therapeutic reasons, and due to smaller, more mobile “one-pot” labs. Nationwide, meth lab seizures rose 76% between 2007 and 2009. Meth lab seizures in Alabama have exceeded this overall trend, rising 290% from 2007 to 2009. *Source:* EPIC, NSS, extracted



Example of State-Level Action: Return pseudoephedrine to prescription-drug status

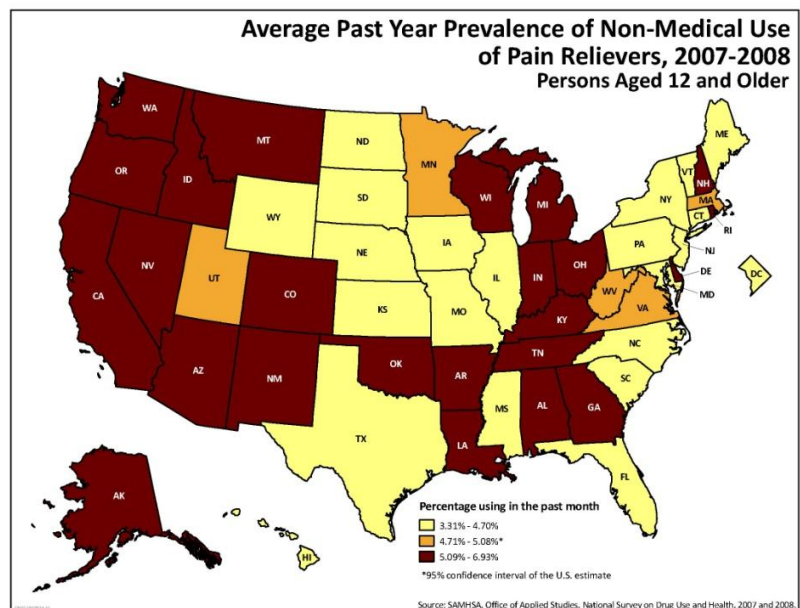
Facing a steep increase in meth lab incidents, the state of Oregon returned medicines containing PSE to prescription-drug status in 2006. Several years later, the results are promising, with meth lab incidents declining from a high of 467 in 2004 (prior to enactment of the bill) to 12 in 2009 and Oregon officials reporting a virtual “eradication” of smurfing and meth labs. Experiencing a similar rise in meth lab production and trafficking, Mississippi enacted similar legislation, which took effect on July 1, 2010. Mississippi reports that after six months, there has been a nearly 70 percent reduction in meth-related cases statewide.

Prescription Drug Abuse

ONDCP’s Efforts to Combat

Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration’s Prescription Drug Abuse Prevention Plan, entitled, “**Epidemic: Responding to America’s Prescription Drug Abuse Crisis,**” provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

Alabama's operating PDMP, the **Controlled Substances Prescription Database**, was established in 2006 by the Alabama Department of Health. The program monitors controlled substances (schedules II-V).

Source: <http://www.namsdl.org/resources/Alabama1.pdf>

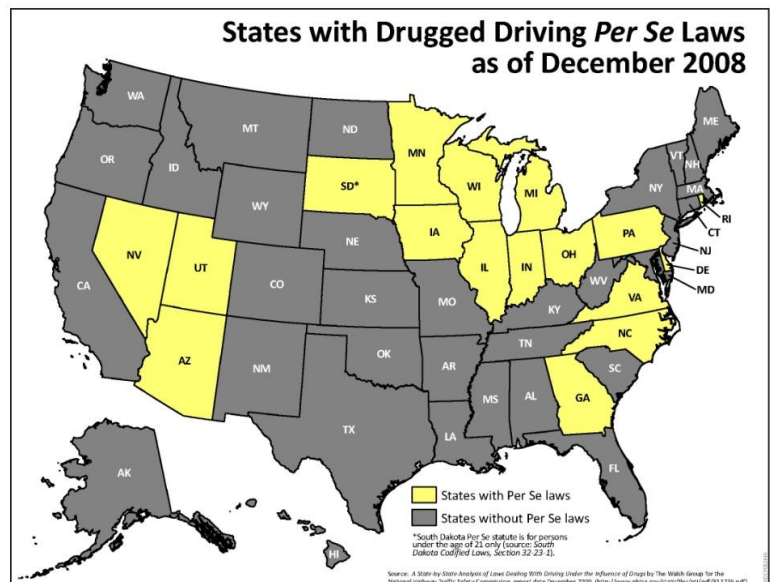
State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to adopt *per se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.



State-Level Action: Enacting *Per Se* Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *per se* standards that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States during the past two decades. *Per Se* standards have been adopted in seventeen states.

Alabama does not currently have a *Per Se* standard, but Alabama State law (Section 32-5A-191) stipulates that “a person shall not drive or be in actual physical contact of any vehicle while under the influence of a

controlled substance to a degree which renders him incapable of safely driving,” or while “under the influence of any substance which impairs the mental or physical faculties of such person to a degree which renders him incapable of safely driving.”

Source: *A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs*, by the Walsh Group for the National Highway Traffic Safety Administration.

ONDCP Support for Community-Based Prevention

National Anti-Drug Media Campaign

ONDCP’s National Youth Anti-Drug Media Campaign provides consistent and credible messages to young people (including those in Native American and Alaska Native communities) about drug use and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, the Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following Alabama coalitions received grants from ONDCP:

- Covington County Children's Policy Council Coalition
- Substance Abuse Prevention Advisory Coalition (SAPAC)
- Morgan County Substance Abuse Network (MCSAN)
- Hoover Coalition Promoting a Safe and Healthy Community
- Montgomery Unified Prevention Systems (MUPS)
- Shelby County Coalition for Safe and Drug Free Communities

Source: Office of National Drug Control Policy
http://www.ondcp.gov/dfc/grantee_map.html

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among Federal, state, and local law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

HIDTA Counties in Alabama

Gulf Coast HIDTA: Baldwin, Jefferson, Madison, Mobile, Montgomery, and Morgan counties

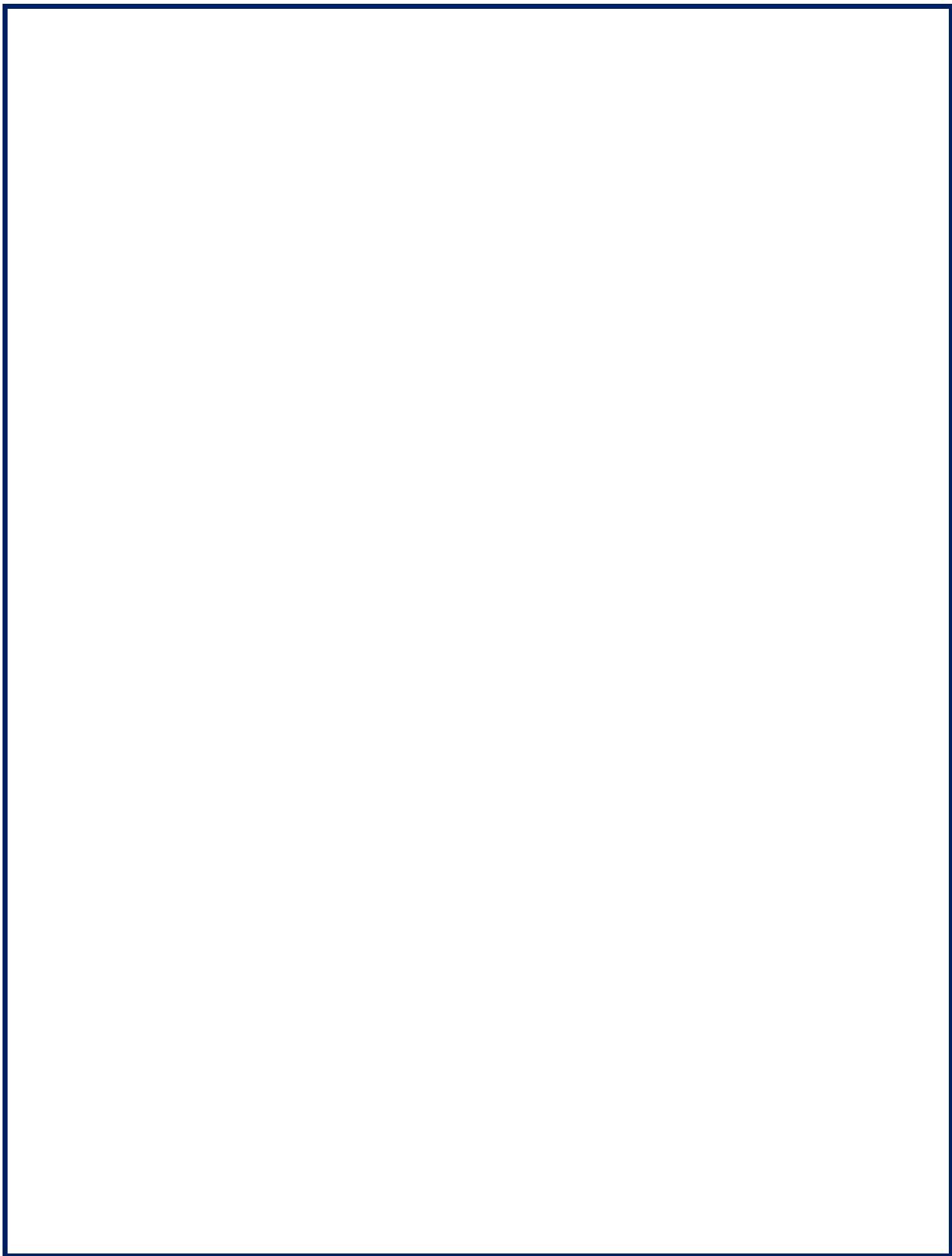
- The Gulf Coast HIDTA is in the process of implementing a five-state regional license plate reader (LPR) data storage project, which will aggregate LPR data for participating law enforcement agencies. This will result in cost savings to participating agencies and increased information sharing.
- The Gulf Coast HIDTA funds five Alabama task forces located in Birmingham, Huntsville, Mobile, and Montgomery. Over 27 participating agencies contribute 76 full-time drug enforcement officers to these task forces dedicated to identify, target, disrupt, and dismantle the most significant drug trafficking organizations operating in the state and beyond.

Federal Grant Awards Available to Reduce Drug Use in the State of Alabama

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2010, your State received support under the grant programs shown below.

Federal Grant Awards		2010
Department of Education		
Safe and Drug-Free Schools and Communities_National Programs		3,039,395
Alcohol Abuse Reduction Grants		523,460
Competition To Prevent High-Risk Drinking & Violent Behavior Among College Students		118,861
Grants For School-Based Student Drug-Testing Programs		583,259
Safe Schools/Healthy Students Grants		1,813,815
Department of Health and Human Services		
Administration for Children and Families		9,288,322
Mentoring Children of Prisoners		1,710,000
Promoting Safe and Stable Families		7,578,322
Centers for Disease Control and Prevention		672,442
HIV Prevention Activities_Non-Governmental Organization Based		672,442
Health Resources and Services Administration		2,375,000
Healthy Start Initiative		2,375,000
National Institutes of Health		3,690,398
Discovery and Applied Research for Technological Innovations to Improve Human Health		332,261
Drug Abuse and Addiction Research Programs		3,358,137
Substance Abuse and Mental Health Services Administration		34,202,409
Block Grants for Prevention and Treatment of Substance Abuse		23,932,208
National All Schedules Prescription Electronic Reporting Grant		111,264
Projects for Assistance in Transition from Homelessness (PATH)		588,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		9,570,937
Department of Housing and Urban Development		
Assistant Secretary for Community Planning and Development		4,243,512
Shelter Plus Care		4,243,512
Department of Justice		
Office of Justice Programs		20,802,971
Community Capacity Development Office		314,000
Congressionally Recommended Awards		8,050,000
Criminal and Juvenile Justice and Mental Health Collaboration Program		283,153
Drug Court Discretionary Grant Program		1,305,154
Edward Byrne Memorial Justice Assistance Grant Program		6,957,588
Enforcing Underage Drinking Laws Program		356,400
Harold Rogers Prescription Drug Monitoring Program		400,000
Juvenile Accountability Block Grants		735,600
Juvenile Mentoring Program		300,000
National Institute of Justice Research Evaluation and Development Project Grants		467,930
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program		132,795
Residential Substance Abuse Treatment for State Prisoners		600,351
Second Chance Act Prisoner Reentry Initiative		900,000
Executive Office of the President		
Office of National Drug Control Policy		1,023,195
High Intensity Drug Trafficking Area Program		1,023,195
Substance Abuse and Mental Health Services Administration		702,859
Drug-Free Communities Support Program Grants		702,859
Grand Total		80,040,503

Note: Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. File updated 06/07/2011.



Office of National Drug Control Policy Programs in Alabama and Drug Court Locations

